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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP04/00159 01/13/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>James M. Gleeson SPAG</i> Examiner's Signature	Initials			

**ADDRESS**

513

**TITLE**

Method of diagnosing disease relating to endometriosis

FILING FEE RECEIVED 1790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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